

MEDICAL BOARD OF CALIFORNIA

Modified Text

Changes to the originally proposed regulations are shown by double underline for new text and underline with strikeout for deleted text.

Adopt section 1355.31 in Article 1 of Chapter 2 of Division 13, Title 16 California Code of Regulations, to read as follows:

1355.31. Definitions Related to Reporting of Settlements.

(a) For purposes of Section 803.1 of the code,

(1) “Above average” settlement amount means a settlement 17% and above the mean for that licensee’s specialty.

(2) “Average” settlement amount means a settlement less than 17% above and below the mean for that licensee’s specialty.

(3) “Below average” settlement amount means a settlement 17% and below the mean for that licensee’s specialty.

(4) The “high risk” specialties, based on a calculation of the estimated number of specialists (by specialty) practicing in California who had three or more settlements within the ten-year period preceding January 1, 2003, are ~~neurosurgery~~ neurological surgery, obstetrics, orthopedic surgery, and plastic surgery.

(5) A “low risk” specialty is every specialty not identified as a “high risk” specialty.

(b) The division shall review the reported settlement data on an annual basis to determine whether the data supports any change in these definitions.

NOTE: Authority cited: Sections 803.1 and 2018, Business and Professions Code.
Reference: Section 803.1, Business and Professions Code.